

SYSTEM START-UP SIGN-OFF

The signatures below, unless noted in the comments section, indicate that the relevant systems are ready for the restart of beam operation. Indicate in the comments section any remaining work that would affect the restart of beam operations. Indicate N/A for departments that did not do any work on the system.

SYSTEM BEING SIGNED OFF: **Linac NIF MTA Booster [8-GeV Line-MI-10 Region]**
 (Circle as Applicable) **[MI-20-MI-62/Recycler] BNB NuMI P1-P2 Muon P3-Switchyard**
 Meson Primary MT MC NM FAST _____

<u>DEPARTMENT</u>	<u>DATE</u>	<u>SIGNATURE (Department Head/Designee)</u>
1. Controls	_____	_____
2. Cryogenics	_____	_____
3. E/E Support	_____	_____
4. RPO Manager	_____	_____
5. LSO	_____	_____
6. External Beamlines	_____	_____
7. Instrumentation	_____	_____
8. Interlocks	_____	_____
9. Main Injector	_____	_____
10. Mechanical Support	_____	_____
11. Muon	_____	_____
12. Operations	_____	_____
13. Proton Source	_____	_____
14. RF	_____	_____
15. ENG Support	_____	_____
16. Target Systems	_____	_____
17. Shutdown Coordinator	_____	_____

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 Comments and special conditions (please mark comment with department # to connect comment with appropriate department):

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 The _____ radiation shielding meets the requirements documented in the _____
 _____ shielding assessment.

FINAL APPROVALS

System Department Head _____ Date _____
 Assigned RSO _____ Date _____
 AD Division Head _____ Date _____